## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  |  |   |  |                               |  |                                  |      | SMALL ENTITY TYPE   |                        | OR   | OTHER THAN SMALL ENTITY |                        |
|--|--|---|--|-------------------------------|--|----------------------------------|------|---------------------|------------------------|------|-------------------------|------------------------|
| U.S. NATIONAL STAGE FEES   |  | (Column                                   |  |                               | 201411111 2)                           |                                  | RATE | FEE                 |                        | RATE | FEE                     |                        |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                        |                               | LARGE ENT. = \$ 300                    |                                  |      | BASIC FEE           |                        | OR   | BASIC FEE               | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Ar                           | , ,                           | All other situations = \$ 100 / \$ 200 |                                  |      | EXAM. FEE           |                        |      | EXAM. FEE               | Øv0                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ntries =                      |  | her situations =<br>250 / \$ 500 |      | SEARCH FEE          |                        |      | SEARCH FEE              | <b>%00</b>             |
| FEE FOR EXTRA SPEC. PGS.   |  |   | //5 minu                                   | ıs 100 =                      | 15                                     | / 50 = /                         |      | X \$ 125 =          |                        |      | X \$ 250 =              | 250                    |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2/minus 20 = *                             |                               |  | •                                |      | X \$ 25 =           |                        | OR   | X \$ 50 =               | 50                     |
| INDEPENDENT CLAIMS   |  |   | 8 m  | inus 3 ≔                      | . 5                                    |                                  |      | X \$ 100 =          |                        | OR   | X \$ 200 =              | 1800                   |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | SENT                                       | 4                             |  |                                  |      | + \$ 180 =          |                        | OR   | + \$ 360 =              |                        |
| * If   | the difference                                 | in column 1 is l                          | ess than zero                              | , enter "C                    | )" in co                               | lumn 2                           |      | TOTAL               |                        | OR   | TOTAL (                 | <b>32</b> 10           |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                               |  |                                  |      | SMALL E             | NTITY                  | OR   | OTHER<br>SMALL E        |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA                 |      | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                            |  | =                                |      | X \$ 25 =           | ,                      | OR   | X \$ 50 =               |                        |
|  | Independent                                    | *   | Minus                                      | ***                           |  | =                                |      | X \$ 100 =          |                        | OR   | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                                  |      | + \$ 180 =          |                        | OR   | + \$ 360 =              |                        |
|  |  |   |  |                               |  |                                  |      | TOTAL ADDIT.<br>FEE |                        | OR   | TOTAL ADDIT. FEE        |                        |
|  |  | (Column 1)                                |  | (Colur                        | mn 2\                                  | (Column 3)                       |      |                     |                        |      |                         |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGH<br>NUM<br>PREVIO         | EST<br>BER<br>DUSLY                    | PRESENT<br>EXTRA                 |      | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                            |  | =                                |      | X \$ 25 =           |                        | OR   | X \$ 50 =               |                        |
|  | Independent                                    | *   | Minus                                      | ***                           |  | =                                |      | X \$ 100 =          |                        | OR   | X \$ 200 =              |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                                  |      | + \$ 180 =          | ·                      | OR   | + \$ 360 =              |                        |
|  |  |   |  |                               |  |                                  |      | TOTAL ADDIT.<br>FEE |                        | OR   | TOTAL ADDIT.<br>FEE     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |  |   |  |                               |  |                                  |      |                     |                        |      |                         |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.